



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HENDRICKS REGIONAL HEALTH

City of Hospital: Danville

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Andrew Pyle

Email Address: andrew.pyle@hendricks.org

Medicare Provider Number: 15-0005

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$235404394
Outpatient Patient Service Revenue	\$828598364
Total Gross Patient Service Revenue	\$1064002758

2. Deductions From Revenue

Contractual Allowance	\$621924189
Other Deductions	\$52465321
Total Deductions	\$674389510

3. Total Operating Revenue

Net Patient Service Revenue	\$389613249
Other Operating Revenue	\$11718623
Total Operating Revenue	\$401331872

4. Operating Expenses

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Salaries and Wages	\$174395137	Employee Benefits	\$34978977
Depreciation and Amortization	\$25069840	Interest Expense	\$3844501
Bad Debt	\$0	Other Expenses	\$147345920
Total Operating Expenses	\$385634375		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15697497	Total Assets	\$699335334
Net Non-operating Gains over Loss	\$22792139	Total Liabilities	\$213147519
Total Net Gains	\$38489636		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$449296928	\$347454146	\$101842782
Medicaid	\$132465359	\$100701716	\$31763643
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$482240471	\$226233648	\$256006823
Total	\$1064002758	\$674389510	\$389613248

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$10349000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$3,755,582		

	Subtotal	\$3755582	\$0	\$3755582
Medicare Shortfalls		\$0	\$0	
Other Government Programs		\$0	\$0	
	Total	\$3755582	\$0	\$3755582

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$125496	\$-125496
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$10251648	\$-10251648
Other Allocations	\$0	\$0	\$0

Comments

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